



Scholarship Application Form

Project HOPE is part of the Health Profession Opportunity Grant (HPOG) program, a demonstration project funded by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS). The primary goals of this project are to: 1) provide education and training to low-income individuals for occupations in healthcare that pay well; and 2) learn what kinds of education and training programs work. In order to learn what works, the US DHHS is conducting a study requiring every person eligible for HPOG to be selected through a lottery system. Only persons selected through the lottery will be able to participate in this project. Persons not selected by the lottery will be referred to other services or programs for which they may be eligible.

Scholarships are available only to members of TANF families, SNAP families, young adults aging out of foster care, or recent Health Science curriculum completer from high school while receiving free or reduced lunch. **Check all that apply:**

☐ TANF ☐ SNAP ☐ Foster Care ☐ Low Income Health Science Completer

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Gender: Male / Female Date of Birth _____ Age _____ SS# _____

Address _____ City _____ County _____ Zip _____

Home Telephone _____ Cell _____ Email _____

Emergency Contact Name / Telephone # _____

Educational Background

Check one: HS Graduate ☐ GED ☐ No GED ☐

Please attach a copy of your High School Transcript or GED. A minimum of 2.0 GPA is required.

I certify that the information I have provided in this application is true and correct. I further acknowledge that I have read and understand that even if otherwise eligible, as stated in the shaded section above, my acceptance into this program is not guaranteed. I understand that I will be required to pass a drug test and submit information needed for a background screening in order to be considered for Project Hope. I also understand that I will be required to attend the 4 week Project Hope Boot Camp which may require overnight travel. (Lodging provided by Project Hope)

Signature _____ Date _____

Submit signed application and attachments to:

SCDSS Project Hope PO Box 1520 Columbia, SC 29202-1520